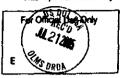
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3836	2. Fiscal Year Covered From:
	7/7/2004 Through: 72/37/2004
3, Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas F. Revekant	Name C. W. A. 1/22
	Labor Organization File Number 555907
P.O. Box, Bidg., Room No., if any 146	P.O. Box, Building and Room Number, if any
Street BARBAOUS DR.	Street 3775 Genesee St
City Checktowage	City Buffelo
State Hew York ZIP Code +4 14227	State Hew Eark ZIP Code +4 (4225)
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.
Name	
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Jones The Signed	On <u>7-12-05</u> <u>216 668-5665</u> Date Telephone Number
orm LM-30 (2003)	· · · · · · · · · · · · · · · · · · ·

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selfing or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selfing or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
State ZIP Code +4		
10. If 9,b. or y.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Nanve, if erry:		
P.O. Box, Bidg., Room No., If any Street		
A	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	- Van	
Trade Name, if any:		
P.O. Box, Bidg., Room No., If any		
Street		
State ZaP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	